1-800-325-8506

	NDIDATE / OFF		ER 5	5877	FORM Cover Sh	T JC/OH HEET PG 1
The JC/OH Instruction G	GUIDE explains how to comple	ete this form.	1 ACCOUNT # (Ethics Commission 00026774	on fi'ers)	2 Total pages th	nis report:
3 CANDIDATE /	TITLE	FIRST		MI		JSE ONLY
OFFICEHOLDER NAME	Honorable	Suzanne			Date Received	,211
	NICKNAME	LAST		SUFFIX	Salo Necesyed	5 3 B
4 CANDIDATE / OFFICEHOLDER ADDRESS	P.O. Box 1748	SUITE#; CIT	ITY; STATE;	ZIP CODE	Pote Head de Page	OH
Change of Address	Austin TX 78767				Date Hand-de ivereu	d or Date Postmärked
5 CAMPAIGN	TITLE	FIRST	· 	MI	-	
TREASURER NAME	Ms.	Karen			Receip: #	Amount
	NICKNAME	LAST	,	SUFFIX	Date Processed	
1		Bartoletti			Date Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX P	PLEASE): APT / SUITE	E#: CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS (Residence or business)	401 Congress Avenue Suite 2200 Austin TX 78701					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER	EXTENS O	NC		
TREASURER PHONE	(512) 480-5612					
8 REPORT TYPE	X January 15	30th day before election	Runoff		15th day after cam appointment (office	npaign tressurer seholder only)
		8th day before election		d \$500 limit	Final report (Attact	n C/OH - FR)
9 PERIOD COVERED	Month / Day / Year	THROUG	Mont JGH	nth / Day	/ Year	
	07/01/2004			12/31/200	04	
10 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE Primary	E Runoff		General	Special
11 OFFICE	OFFICE HELD (if any) District Judge 201		12 OFFICE SO District Jud	SOUGHT (if known) idge 201	t .	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditur Candidates are required to disclete.					
EXPENDITURE BY OTHER INDIVIDUALS	Name .					
Ţ	Address/PO Box; Apt. / Suite #;	; City; State; Zip	p Code			· · · · · · · · · · · · · · · · · · ·
acditions pages						
		GO TO P	AGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

			<u> </u>		
14 C/OH NAME Honorable Suzanne	Covington		1 5 ACCOUN 00026774	IT # (Ethics Commiss of	r f'e-s)
16 NOTICE FROM	have been made with	des political expenditures by political committees to support the cand hout the candidate's or officeholder's knowledge or consent. Candidately ey receive notice of such expenditures			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME C.			
	GENERAL				
	SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	<u> </u>				
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	\$	0.00		
	2. TOTAL P (OTHER	\$	0.00		
·	3. TOTAL P	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	· \$	0.00	
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES		\$	1950.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	44112.56	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	0.00	
18 AFFIDAVIT				 	



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

1-800-325-8506 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 **POLITICAL** SCHEDULE F **EXPENDITURES** 1 Total pages report: The Instruction Guide explains how to complete this form. 3/5 2 FILER NAME ACCOUNT # (Ethics Commission filers) Honorable Suzanne Covington 00026774 Date 5 Payee name Amount (\$) 07/23/2004 Travis County Democratic Party 1000.00 6 Payee address; City; State; Zip Code 1311 East 6th Street Austin TX 78702 Purpose of expenditure (See instructions regarding type of .. Complete if direct expenditure to benefit C/OH ... Candidate / Officeholder name Office held information required.) Contribution/Assessment Date Payee name Amount (\$) Sam Biscoe Special Projects 07/25/2004 25.00 Payee address; City; State; Zip Code P.O. Box 1748 Austin TX 78767 Purpose of expenditure (See instructions regarding type of information required.) · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held Juneteenth Donation

		<u></u>	
Date	Payee name		Amount (\$)
08/23/2004	American Inn of Court #CXVII Payee address; City; State; Zip Code 127 S. Peyton Street, Suite 201 Alexandria VA 22314		375.00
Purpose of exp information req Dues	enditure (See instructions regarding type of uired.)	Complete if direct expenditure to benefit Candidate / Office holder name Office s	

Date	Payee name		Amount (S)
08/24/2004	Austin Young Lawyers Association Foundation Payee address; City; State; Zip Code 700 Lavaca, Suite 602 Austin TX 78701		450.00
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expenditure to benefit (

Purpose of expenditure (See instructions regarding type of
information required.)
Bar & Grill Contribution
•

Candidate / Officeholder name Office sought

Office held

POLITICAL	
EXPENDITURES	;

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POLITIC EXPEN	CAL DITURES			SCHEDULE F
The Instruction	אס Guide explains how to complete this form.		1 Total pages repo	ort:
A SUSSIANS		·	4/5	
2 FILER NAME Honorable Suzanne Covington			3 ACCOUNT # (E	thics Commission filers)
4 Date	5 Payee name		7	Amount
				(\$)
09/20/2004	/20/2004 South Austin Democrats 6 Payee address; City; State; Zip Code P.O. Box 152592			100.00
	Austin TX 78715			
8 Purpose of exp information req Yeller Dawg	penditure (See instructions regarding type of quired.)	9 ·· Complete if direct exp Candidate / Officeholder	enditure to benefi: C/OH name Office sought	Office held

TEXT ANNOTATION

Information entered by filer as a memo

Schedule JCOH

